

(and the use of approved tools such as SPICT) and the need for increased education for GPs about all aspects of supportive end of life care and advanced care planning.

39 THE COST OF A NIGHT NURSING SERVICE AT RENNIE GROVE HOSPICE CARE, AND THE TOTAL COMMUNITY COST OF CARE AT HOME COMPARED TO AN ADMISSION TO HOSPITAL

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Background Rennie Grove (RG) runs a 24/7 Hospice at Home service. An independent study calculated the cost of a visit and the total community cost of home care, including all health care professional (HCP), carer, and family member visits.

Methods Over a period of 145 days, 550 calls and 335 visits made to/by the night team were recorded, averaging 3.79 per night. The salary cost per hour for each nurse, plus organisational add on costs, were calculated. To derive a total community cost, 35 families, able to consent, kept a diary for up to two-weeks, recording all HCP, carer and family support visits and duration of each visit. 17 diaries were returned. Descriptive analysis was used with the Statistical Package for the Social Sciences (SPSS v22). Costs were taken for HCPs and social care services from the PSSRU data 2015/2016.

Results Average length of the diaries was 10.4 days. For 3.79 visits per night the cost per visit was £195 (RG nurses travel in pairs). 17 patient diaries covered 177 days and showed a range of visits and complexity of care. RG staff provided 19% of the care at a cost of £3,295; district nurses 13%, cost £2,005; formal carers 55% at a cost of £1344. 23 GPs visits comprised 4% of visits but 15% of total costs. MacMillan/Marie Curie nurses accounted for just 2% of visits but 19% of cost as they stayed overnight. The cost of 177 days of care for 17 patients was £11,814; i.e. £66.7 per day as care was not needed every day of each diary period.

Conclusions The cost of home care seems acceptable, compared to the national average cost of a day in an inpatient specialist palliative care bed at £397-£400 (Data.Gov.UK, 2015).

40 HOW SATISFIED ARE CARERS/FAMILIES WITH A NIGHT TEAM SERVICE AS PART OF 24/7 HOSPICE AT HOME CARE?

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Background Rennie Grove (RG) runs a 24/7 service with a dedicated responsive night team. Through an independent study, carers' levels of service satisfaction with the night team were investigated.

Methods A questionnaire was sent to carers (n=268) who had a relative die under the care of RG within the last 6 weeks to one year, 84 completed questionnaires were returned. Follow-up face-to-face semi-structured interviews were carried out

with carers (n=18). Quantitative data was analysed using SPSS v 22, while qualitative data was thematically analysed.

Results The carer questionnaire reported that 71% thought the speed of the response by the night team was fast. Overall satisfaction with telephone call response was high with 82% very satisfied. Carers also agreed strongly that the telephone calls provided good quality of care (90%), good follow-up care (88%), that they were given sufficient time (88%), and received useful advice (83%). For a visit, 93% of carers were highly satisfied and 7% satisfied. Carers strongly agreed that they were given sufficient time (90%), and were confident in the care provided (90%), care was useful (87%) and follow-up was good (84%), worries were reduced (81%) and they had a say in decisions made (81%). During the interviews, carers described the night service as: supportive, amazing, caring, reassuring, professional, kind and compassionate, excellent, loving, calm. Carers perceived the service to be holistic and rated the service highly for supporting them to ensure family members could be cared for at home, as preferred. For comparison, of those dying in hospital, only 46% were highly satisfied. Carer wellbeing scores were lower than the national average, but reported similar levels of anxiety.

Conclusions A night team service can provide excellent, reassuring and holistic care that meets the care needs and wishes of the patient and family.

41 DOES A 24/7 HOSPICE AT HOME SERVICE PREVENT OR POSTPONE ACUTE HOSPITAL ADMISSIONS?

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Background Most people wish to die at home but in England almost 50% die in hospital, suggesting that more can be done to keep people at home. Some studies have shown this may be possible, especially with adequate support and good pain control.

Methods Rennie Grove Hospice Care carried out an independent study to identify the value of their night team in providing 24/7 care over a period of 145 nights. The study considered whether the provision of overnight care affected decisions to make hospital admissions. Data from a night nurse template recording all overnight visits, a review of 42 patient/carer records of those who had called the night team, a carer questionnaire (n=87), carer interviews (n=18) and staff interviews (n=9), were analysed.

Results The night nurse template recorded 5 overnight admissions made during the study period, all for acute reasons and considered unavoidable. Review of 42 patient records showed 23 hospital/hospice admissions occurred, most during the daytime (18 to hospital, 5 to a hospice) of which only 3 were considered avoidable. The carer questionnaires showed 13 (16%) of their cared for persons had been admitted to hospital in the last few weeks of life, with most reporting the admission was necessary. Staff interviews identified a pride in supporting patients to stay at home, while information from carers gave a clear indication that Rennie Grove nurses enabled their cared for individual to remain at home; that contact with the night team helped prevent or postpone an admission; and without Rennie Grove their alternative would have been 111/999, district nurse or out-of-hours GP.